

MULTI-MEDIA/VISUAL INFORMATION (M/VI) WORK ORDER For use of this form, see AR 25-1; the proponent agency is CIO/G-6.				1. WORK ORDER NUMBER 2. SECURITY CLASSIFICATION UNCLASSIFIED	
SECTION I - REQUIREMENT					
3. TO (M/VI Activity Name) USATCFE, TASC, DOIM; 2715-C MCMAHON STREET FORT EUSTIS, VA 23604-5253			4. FROM (Customer Address) 		
5. CUSTOMER ACCOUNT NUMBER					
6a. REQUESTOR'S NAME		6b. GRADE		6c. REQUESTOR'S ORGANIZATION OR APO	
6d. REQUESTOR'S EMAIL ADDRESS			6e. PHONE NUMBER		7. DATE REQUESTED (YYYYMMDD)
8a. ALTERNATE POC NAME		8b. GRADE		8c. ALTERNATE'S ORGANIZATION OR APO	
8d. ALTERNATE'S EMAIL ADDRESS			8e. PHONE NUMBER		9. DATE REQUIRED (YYYYMMDD)
10. FUNCTIONAL AREA OF SUPPORT (Check One)					
a. Combat Readiness		b. Education & Training		c. Garrison/Theater Support	
d. Intel, Recon, CI, Comm Security		e. Internal Information		f. Recruitment	
g. Medical & Dental		h. Public Information		i. RDT&E	
11a. TYPE OF WORK (Check Applicable Box(s))			11b. DESCRIPTION OF WORK REQUESTED (Attach diagrams, etc., and list enclosure(s))		
<input type="checkbox"/> IMAGING <input type="checkbox"/> (1) Imaging - Photo <input type="checkbox"/> (2) Imaging - Graphic <input type="checkbox"/> (3) Other Imaging <input type="checkbox"/> MULTIMEDIA <input type="checkbox"/> SERVICES <input type="checkbox"/> (1) Services - Presentation Support <input type="checkbox"/> (2) Services - Consultation <input type="checkbox"/> (3) Other Services <input type="checkbox"/> AUDIO <input type="checkbox"/> VIDEO <input type="checkbox"/> (1) Video - Documentation <input type="checkbox"/> (2) Video - Local Production <input type="checkbox"/> (3) Video - Non-Local Production <input type="checkbox"/> (4) Video - Video Report <input type="checkbox"/> (5) Other Video <input type="checkbox"/> OTHER - SPECIFY					
12. JUSTIFICATION FOR REQUESTED SERVICE			Requested service is for official purposes and is required by stated deadline.		
			13. VALIDATION SIGNATURE		
			14. M/VI APPROVAL		
SECTION II - WORK RECEIPT (Sections II Through V for M/VI Activity Use Only)					
15. SPECIAL PROJECT CODE:					
16. ITEM/SERVICE		17. SIZE		18. COST	
		a. BASELINE		b. ABOVE BASELINE	
				19. DATE COMPLETED (YYYYMMDD)	
20. CUSTOMER NOTIFIED (YYYYMMDD)		21a. RECEIVED BY (Signature)			21b. DATE RECEIVED (YYYYMMDD)